

**FILED AUG 20 1948**  
Registration District No. **874**

Primary Registration District No. **6064**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County St. Clair  
(b) City or town Osceola (Rural)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Two Weeks (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Bill Frizzell  
3. (b) If veteran, name war Unknown 3. (c) Social Security No 492-30-2220

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Evelyn Frizzell 6. (c) Age of husband or wife if alive 38 years  
7. Birth date of deceased Unknown  
(Month) (Day) (Year)

8. AGE: 43 Years ? Months ? Days ? If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Unknown 9

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Social Security Card

(b) Address \_\_\_\_\_

17. (a) Burial (b) Date thereof 7-31-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osceola Cemetery

18. (a) Signature of funeral director Osceola Funeral Home  
Osceola Missouri

(b) Address \_\_\_\_\_

19. (a) 7-23-46 (b) Ruth Seever  
(Date received local registrar) (Registrar's signature)

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Unknown (b) County Unknown 9.3  
(c) City or town Unknown (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22 year 1946 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death Gun Shot wound  
Shot by Deputy Sherriff of St. Clair County while resisting  
arrest on Highway # 13 about  
two miles south of Osceola Missouri.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy No

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? Osceola Missouri  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? X

On Highway # 13 2 Miles South of Osceola  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury. Shot

23. Signature Frederic Blandford Carson (M. D. or other)

Address Osceola Mo Date signed 7/29/46

**ADDITIONAL  
SUPPLEMENTARY  
INFORMATION  
REQUESTED**

PHYSICIAN

Underline the cause to which death should be charged statistically.

NOV 8 1946

NOV 13 1946

RECEIVED

City of Chicago  
Date Filed 8-15-46

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Paul Finestone

Licensed Embalmer No. 3990

P. O. Address Oswego Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B  
7-3-45  
X 13880

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. Sept  
Registrar's No. \_\_\_\_\_

Registration District No. 314

Primary Registration District No. 6064

1. PLACE OF DEATH:  
(a) County St Clair  
(b) City or town Quail  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ (years, months or days)

3. (a) PRINT FULL NAME Bill Frijell  
3. (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_

7. Birth date of deceased wh (Month) (Day) (Year)

8. AGE: 42 Years Months Days If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_ (b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal) (Place: burial or cremation)

18. (a) Signature of funeral director \_\_\_\_\_ (b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month \_\_\_\_\_ year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above. Immediate cause of death \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Homicide  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature James B. ... Coates (M. D. or other) \_\_\_\_\_  
Address Quail Mo Date signed 8/28/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY 2

NOV 8

1945

NOV 13 1945

28141

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Mo  
County of St Clair SS.

State File No. ....

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. ....

On this 24 day of October, 1946, before me appears  
Mrs Ada Miller, who, upon her oath, states that the original record of <sup>birth</sup>~~death~~  
for Bill Frizzell died born July 22, 1946 in the State of  
Missouri, and which was filed at Orinda Mo on 7-23, 1946 should be corrected as follows:

Item No. 9 should read Beaver Dam Ky

Instead of Beau blank

Item No. 7 should read Oct 14 - 1902

Instead of blank

Item No. 10 should read cook - waiter

Instead of blank

Item No. 12 should read George E Frizzell

Instead of —

Item No. 13 should read Beaver Dam Ky

Instead of —

Item No. 14 should read Ada E Fogle

Instead of —

Item No. 15 should read Beaver Dam - Ky

Instead of —

Item No. 16 should read Ada Frizzell - Miller

Instead of ST Louis - Mo

**ITEM 3 - should read WILEY & instead of "Bill"**

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Ada E Miller Relationship.

Brownville Texas  
Present Address.

"Subscribed and sworn to before me this 24th day of October, 1946.

My Commission expires 12/30/46 J B Basch Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.